Individuals, Families and Communities Achieving the Best Possible Health and Wellness

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2001-2002 annual report

OFFICE RÉGIONAL DE LA SANTÉ DES PARCS

PARKLAND REGIONAL HEALTH AUTHORITY

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section 1

message from the chair of the board

"...we have enhanced our focus on partnerships, visibility, linkage and communication within our Region. As part of our monthly Board meetings, which are rotated throughout the Region, we now meet with members of School Divisions and our non-devolved facility Boards, in conjunction with municipalities."

-Merv Toderian

Merv Toderian

It is with pleasure that I present, on behalf of the Governing Board of Directors, the Fifth Annual Report of the Parkland Regional Health Authority. This Report covers the fiscal year from April 1, 2001 to March 31, 2002.

As I reflect over the past year, it is with a great deal of pride, satisfaction and accomplishment.

Over the past year, our Board has worked diligently to address the issues and concerns surrounding health and health care delivery in the Region. As we work towards improving and enhancing health services in the Parkland, we do so recognizing that our health system continues to face many challenges including financial and human resources.

A highlight this past year occurred when the PRHA undertook its first-ever Regional Accreditation survey. After months of preparation, surveyors met with a total of 20 teams, staff, community and client representatives in November 2001. In early January 2002, the PRHA was awarded a "Three Year Accreditation with Report" from the Canadian Council on Health Services Accreditation. To the staff, volunteers and Board members that took part in all of the preparatory work, "Thank- You" for a commendable job.

In keeping with the Board Vision, **"Individuals, families, and communities achieving the best possible health and wellness"**, we have enhanced our focus on partnerships, visibility, linkage and communication within our Region. As part of our monthly Board meetings, which are rotated throughout the Region, we now meet with members of School Divisions and our non-devolved facility Boards, in conjunction with municipalities.

In an effort to gather information from communities, the Board meets regularly with representatives of its Advisory Councils. Input from these Advisory Councils proves to be invaluable to the Board as it works towards its responsibility of planning and delivering quality health services for our population. One highlight for the Board over the past year came as a result of continued hard work by the Spiritual Advisory Committee. The Committee recognized the need for enhanced spiritual care

throughout the Region, and recommended the Clinical Pastoral Education Program to the Board in the 2001-2002 year.

During the past year, the Board held a "Retreat" to review and amend its Ends Policies. Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.

The Annual General Meeting featured Drs. Pat Martens and Anita Kozyrskyj, from the Manitoba Centre for Health Policy. They provided a Regional overview of the health of our children.

I would like to thank retiring Board members for their commitment and dedication over the past year. I commend Tanya Edgar, Evelyn Ryz and Leo Campbell for their contribution to the Board's mission.

In closing, I thank our management, staff and volunteers for the commitment they bring to their work.

M Toderian

Merv Toderian
Chairman
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message from the chief executive officer

André Rémillard

It is with pleasure that I submit the 2001-2002 Annual Report for the Board's consideration. A number of significant events took place throughout the fiscal year that will no doubt play a role in shaping health service delivery in the Region for years to come.

The first-ever Regional Accreditation Survey was completed during the fiscal year. It produced a favourable response with the awarding of a "Three Year Accreditation with Report" status, which helps us to compare our organization's services and methods of operation against a set of national standards. This process assists the Parkland Regional Health Authority to evaluate programs and services offered within our Region. It helps identify strengths and weaknesses and allows the development of short and long term plans to meet targeted needs within our budget framework. We look forward to following through on recommendations by the end of 2003.

A state of the art concept, Telehealth, was introduced in two sites within the Region during the past year. This initiative helps remove barriers to care for a percentage of rural Manitobans who have had to travel to Winnipeg to access specialist care. It provides timely care and greater collaboration among health care professionals, and there are both Regional education and administrative advantages associated with the initiative.

Despite our many successes of the past year, the PRHA has faced the financial and human resource challenges which have developed in the health sector over the past few years. As a result of those challenges, the PRHA incurred a deficit of just over $ 428- thousand during 2001-2002. This deficit will be covered with surpluses the Region has accumulated in past years.

"...In order to achieve the PRHAs vision, "Individuals, Families and Communities Achieving the Best Possible Health and Wellness", we must continue to not only emphasize the treatment of the sick, injured and infirm, but we must also recognize the need for health promotion and wellness and the prevention of injury and illness."
-André Rémillard

"A state of the art concept, Telehealth, was introduced in two sites within the Region during the past year. This initiative helps remove barriers to care for a percentage of rural Manitobans who have to travel to Winnipeg to access specialist care."

-André Rémillard

See appendix b for more information regarding telehealth

Service Purchase Agreements were also signed with our remaining non-devolved Ambulance Services in Ste. Rose and Gilbert Plains.

In order to achieve the PRHA's vision, "Individuals, Families and Communities Achieving the Best Possible Health and Wellness", we must continue to not only emphasize the treatment of the sick, injured and infirm, but we must also recognize the need for health promotion and wellness and the prevention of injury and illness.

Several challenges lie ahead. Recruitment and retention of qualified health professionals is an ongoing concern and effort. In terms of capital projects, the PRHA continues to plan for a new hospital in Swan River, and new Community Health Services building in Dauphin.

I take this opportunity to thank PRHA staff and management for their significant efforts and contributions throughout the year. Without their commitment to the Board, and the citizens of the Parkland Region, little could be achieved or accomplished.

In closing, we appreciate the direction and support provided by the Board, and look forward to another challenging and successful year ahead.

André Rémillard
Chief Executive Officer

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executive summary

The Parkland Regional Health Authority is responsible for the planning and delivery of health services to meet the needs of the population of the Region.

This report chronicles the activities and accomplishments of the RHA's fifth year of operation, 2001-2002.

The Health Status section of the report describes the Region's health status using health indicator data provided to or collected by the Regional Health Authority and is based on Manitoba Health's Provincial Health indicators. Most indicators suggest the PRHA compares favourably to the rest of the province. Issues that require attention in the region include:

- *high rates of smoking during pregnancy;*
- *high obesity rates;*
- *high incidence and prevalence of diabetes, and*
- *low cervical cancer screening rates.*

2001-2002 Year's Activities section identifies activities and progress of the Authority in each of the Region's Core Service areas. Highlights include:

The Parkland Regional Health Authority is responsible for the planning and delivery of health services to meet the needs of the population of the Region.

Health Promotion/Education:

- Participated on the Manitoba BabyFriendly™ Coordinating Committee which promoted breastfeeding in the Region;
- Implemented the First Step Program research study involving a physical activity program for people with type 2 diabetes;
- Conducted an environmental scan and networked with several agencies on the subject of lobbying for bylaws to ban smoking in public spaces;
- Developed initiatives for Mental Health Promotion Week which included screening for anxiety disorders and awareness raising displays.

Health Protection:

- The Pneumococcal Immunization Program continued to be part of the Influenza immunization campaign. A total of 1,509 clients were immunized;
- Participated in the Provincial Blood Recipient Notification Project which was launched in May, 2001 by MB Health for identification of persons at risk for contracting Hepatitis C through blood products.

Prevention and Community Health Services:

- Provided funding to 17 Congregate Meal Programs in 11 communities in the Region;
- Continued to provide a number of Community Health programs in partnership with other agencies.

Treatment Services:

- Continued mould remediation/restoration at the Dauphin Regional Health Centre;
- Continued planning for new Swan River Valley Health Centre.

Emergency Health Services:

- Conducted a Client Satisfaction Survey in Emergency Rooms throughout the Region. Based on results of the survey, areas for improvement have been identified;
- Developed a continuing education program for all EMS Providers in the Region;
- Completed the signing of Service Purchase Agreements with all the Region's Ambulance services.
- In conjunction with Manitoba Health, assigned 9 new Ambulances within the Region.

Diagnostic Services:

- Replaced the 11-year-old mobile ultrasound system, which provides services to Swan River, Roblin and Ste. Rose. In addition, a new replacement vehicle to transport the ultrasound unit was purchased.

Developmental Rehabilitation:

- Physiotherapy saw 1,594 patients;
- Occupational Therapy saw 424 new patients;
- Speech Therapy saw 55 new clients.

Home Based Care:

- Coordinated client satisfaction survey involving 1200 Home Care clients. Ninety-one per cent of respondents were satisfied with the way services were provided and with accessibility of the services;
- Piloted Home intravenous and pain management program in the Swan River area.
- Completed a Regional review of the Home Care Program that identified the need to enhance consistency in program delivery across the Region;

Long Term Care:

- Developed action plans with each PCH in the Region to address specific improvements required to meet Provincial Long Term Care Standards;
- Developed and implemented an education and awareness plan for PCH and Hospital staff, clients and residents regarding the *Protection for Persons in Care Act*;
- Recruited Mental Health Resource Nurse position for Grandview and Gilbert Plains.

Mental Health Services:

- The Community Mental Health Support Worker (CMHSW) Service was implemented, with workers located in the communities of Dauphin and Swan River;
- The Program was successful in recruiting a second psychiatrist with Dr. Hermann Lombard joining the Program in February 2002.

Palliative Care:

- In partnership with Hospice and Palliative Care Manitoba, facilitated the *"Friend in Hand"* volunteer training program in four Parkland communities;
- Presented a workshop on Psychosocial and Communication Issues in Palliative Care.

Medical Services:

- The RHA successfully recruited an Obstetrician/Gynecologist to the Region;
- The RHA was able to maintain the number of general practice physicians in the Region over the past year.

board of directors

Mervin Toderian, Chairperson - Dauphin
Merv is a retired Geologist. He is the Past Chair of Burntwood Regional Health Authority, Past Chair of Manitoba Health Organizations Inc., and Past Chair - Thompson General Hospital.

Tanya Lynn Edgar, Winnipegosis
Tanya is employed as the Student Services Coordinator at Duck Mountain School Division.

Dr. James Compton, Dauphin
Jim is a retired physician. He has been involved in numerous boards in the City of Dauphin over the past 11 years. Presently, he is the Chairman of the Dauphin General Hospital Foundation and President of the Dauphin Chapter of the Heart and Stroke Foundation of Manitoba.

Evelyn Ryz, Dauphin
Evelyn is employed as a Legal secretary at Dawson's Law Office in Dauphin.

board of directors

Gordon Bishop, Ste. Rose
Gordon has held positions as Board member of the Dauphin Health Unit, past employee Addictions Foundation of Manitoba, past member of Ste. Rose District Ambulance Service, town councilor and former Mayor as well as Past President of the Ste. Rose Chamber of

Leo Campbell, Skownan
Leo has been a self-employed rancher since 1970. Leo is a former manager of the Waterhen Lodge and past board member with Louis Riel Capital Corporation. Leo is married with three children.

Samuel Voisey, Dauphin
Sam has been a resident of Dauphin for 12 years. He was born and raised in Churchill Manitoba. Sam has lived and worked throughout Manitoba, Northern Ontario and Nunavut and is presently working for Anokiiwin Training Institute. Sam has also served as a past Board Member on various committees and organizations in Dauphin.

Anna Stewart, Roblin
Anna is a former Board Member of the Roblin District Health Centre and was a Director of the Manitoba Health Organization. She is a Graduate of the Certificate Program in Health Care Administration from the University of Saskatchewan. Anna is currently employed as the Community Resource Coordinator for Roblin District Community Help Centre.

board of directors

Henry Borne , Dauphin
Henry is a retired farmer and former school trustee for Duck Mountain School Division #34 which he chaired for 4 years. He was a member of Keystone Ag Producers for eleven years and was Chair of District 11 for 4 years and Executive Member for 3 years.

Terry Vopni, Swan River
Terry farms just outside of Swan River. He currently sits on the Swan Valley Co-op Board, and has served on the Swan Valley Credit Union Board for nine years. He received his Bachelor of Science with honors in Geology.

Diane Kichuk, Minitonas

Diane is a past member of the Minitonas Arena Board and is a current Board member at a local church.

Monica Black, Bowsman
Monica is a trained nurses aide and a cook at the Swan Valley Hospital. Monica is second-vice chair on the Legion Board and involved with Ducks Unlimited. She is also a school bus driver for the Swan Valley School Division.

board goals and actions

During 2001-2002, the Board undertook a review and revision of its Ends Policies[1]. The following Ends were adopted and/ or re-affirmed:

The vision of the Parkland Regional Health Authority is: "Individuals, Families and Communities Achieving the Best Possible Health and Wellness."

In pursuit of its vision, the Authority exists so that there will be:

- Treatment and Care for the Ill and Injured;
- Healthy Lifestyles;
- Healthy Environments;
- Optimal Quality of Life.

E-2 quality treatment and care for the ill and injured

In order of priority, "Quality Treatment and Care for the Ill and Injured" is interpreted to include, but is not limited to:

1. Residents have access to Health Care services.
2. Residents receive effective care, treatment and education. With specific emphasis on diabetes, respiratory disease and cardiovascular disease, residents with chronic diseases have knowledge and skill to actively manage their disease/injury and prevent complications.
3. Residents receive timely care.
Residents receive timely, effective response to emergencies and illness.
Pre-hospital care is available within 30 minutes.
4. Residents receive appropriate care in the right setting.
5. Health facilities and services are prepared to respond to possible internal and external disasters.

The Vision of the Parkland Regional Health Authority is...

..."Individuals, Families and Communities Achieving the Best Possible Health and Wellness."

In pursuit of its Vision the Authority exists so that there will be:

- **Quality treatment and Care for the Ill and Injured;**
- **Healthy Lifestyles;**
- **Healthy Environments;**
- **Optimal Quality of Life.**

[1] Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.

E-3 healthy lifestyles

In order of priority, the End, "Healthy Lifestyles" is interpreted to mean that individuals, families, and communities will make informed choices for health. It includes, but is not limited to:

1. With emphasis specifically on high risk groups, children have opportunity for healthy growth and development:
   1.1. Decreased incidence of fetal alcohol syndrome/effects;
   1.2. Decreased incidence of smoking in prenatal/postnatal women;
   1.3. Increased incidence and duration of breast feeding;
   1.4. Immunization rate of two year old children increased to 90%;
   1.5. Improved parenting skills;
   1.6. Improved nutrition;
   1.7. Decreased accidental injuries among children and youth;
   1.8. Increased physical fitness of youth and children;
   1.9. Decreased incidence of high/low birth weight babies;
   1.10. Early identification of deviations from optimal growth and development;
   11.1 Decreased incidence of suicide.
2. Increase in numbers of residents with healthy eating and fitness habits:
   2.1. Decrease in new cases of diabetes and cardiovascular disease.
3. Increase in participation in opportunities for early detection of disease.
4. Decrease incidence of teen pregnancies.
5. Decrease in addictions:
   5.1. Decreased use of tobacco products particularly with youth.
6. Reduction in preventable communicable diseases.
7. Decrease in preventable injuries:
   7.1. Decrease in injuries from falls, agricultural accidents, and chemical poisonings.

E-4 healthy environments

In order of priority, the End "Healthy Environments" is interpreted to mean the physical environment and is to include, but is not limited to:

1. Reduced incidence of respiratory illness.
2. Decrease environment-related illness:
   2.1 Public awareness of preventive measures for environmental related illness.
   2.2 Encourage an increased number of public buildings free of environmental tobacco smoke.
3. Ensure safe disposal of biomedical waste.
4. Reduce incidence of illness related to unsafe water.

E-5 optimal quality of life

In order of priority, the End "Optimal Quality of Life" is interpreted to include, but is not limited to:

1. Community members remain independent and active as long as possible.
   1.1 Seniors have community-based services appropriate to their needs.
2. Residents experience social and emotional well-being.
   2.1 Healthy, safe home and community environments.
   2.2 Decreased incidence of suicide.
3. The dying experience improved quality of life.
   3.1 Support services are available to family/significant others.

Specific to the Ends policies, the Board receives monitoring reports on the status of progress towards these Ends. These monitoring reports provide an overview of the organization's activities relative to each End and identified gaps, inconsistencies, and plans in response to these over the next period of time.

On their part, the Board reviews the organization's progress toward its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

health authority communications

Visit us on the Web www.prha.mb.ca or Check out one of our regular publications.

The Parkland Regional Health Authority has established a corporate communications and public relations strategy, which is designed to reach its key audience - the residents of the Parkland Region.

A Community Relations Coordinator oversees some of the major communication vehicles and initiatives, which are in place to keep both Parkland residents and staff informed. Over the 2001-2002 year, a bi-monthly radio show called *"Health of the Parkland"* was held on local radio station 730 CKDM Dauphin. We thank CKDM radio for their support of this health related public service. Some of the topics covered on the radio show during the year included:

- Manitoba Telehealth
- Accreditation
- National non-smoking week
- Seniors safety
- Cancer care
- Flu campaign
- Palliative Care
- Hantavirus/ Lyme Disease

Four *"Community Links"* newsletters were published and delivered to 19- thousand households in the Parkland Region during the 2001/2002 fiscal year. This newsletter covers health issues and concerns, communicates the Regional Health Authority's activities, and provides a vehicle to impart knowledge to the general public on injury and illness prevention and on health promotion. Some articles of note included:

- Breast Screening Program
- Prostate Cancer public support group
- Flu and Pneumococcal vaccination information
- Family Practice Residency Program
- New ambulance and equipment purchases

Members of the public and special interest groups may make presentations to the Board by appointment.

For the first time, two separate, special editions of Community Links were issued. A feature *"Volunteer Edition"* recognized individual volunteers, groups and

organizations in the Fall of 2001. The first-ever "*Annual Report to the Community*" was also printed in Winter 2001. This edition focused on highlights of the PRHA fiscal year as well as the guest presentation at the Annual General Meeting and a Health Planning update.

Four *"Community Links"* newsletters were published and delivered to 19-thousand households in the Parkland Region during the 2001/2002 fiscal year.

A staff newsletter "Regional Link" was published four times in 2001-2002. Nearly 1200 copies of this publication go out quarterly as a vehicle to staff, physicians, and funded agencies in the Region. Topics covered in this publication include staff and education announcements, work place health and safety issues, legislative and policy introduction (such as the Personal Health Information Act), health planning, Board Ends and staff awards and recognition.

A separate special newsletter, surrounding the *accreditation process*, was published in October 2001 for staff.

All of the Parkland Regional Health Authority's regular meetings are open to the public and we rotate the venue of our meetings throughout the Region in order to make our meetings and our Board accessible to the public. Members of the public and special interest groups may make presentations to the Board by appointment.

A summary package of Board reports and minutes is put together after regular Board meetings and is sent to local media in the Region and municipalities who have indicated a wish to receive.

In conjunction with its regular meetings, the Board also hosts informal meetings with representatives of the Region's municipalities when in their locales. This allows municipalities to express their views and concerns informally as well as formally. This was expanded during 2001 - 2002 to include representatives of School Divisions and members of non-devolved facility boards. A follow-up letter is always issued after these informal meetings to summarize discussions and outline any future action, which may be required.

Information Session – PRHA Chief Executive Officer André Rémillard addressing the crowd at the Annual General Meeting in November 2001.

As well, twice annually, the Board meets with each of its Advisory Councils on a face-to-face basis.

The Board held its Annual General Meeting in November 2001. The guest presentation focused on the health of Manitoba children and concentrated on data which related directly to the Parkland Region. The meeting was taped by the Dauphin Access Cable TV station to be broadcast throughout the Region.

In the interest of strengthening relationships and communications, the Board established a Community Relations Committee. This Committee provides recommendations to the Board relative to the Board's communication with its shareholders, advisory councils, municipal and provincial politicians, and the general public.

The Parkland Regional Health Authority's website (www.prha.mb.ca) contains information on the Board, Board minutes, Board By-Laws, Advisory Councils, meeting schedules, media releases, Community Health Assessments, and policies.

Northern Affairs Communities

- **Baden**
- **Barrows**
- **Camperville**
- **Crane River**
- **Duck Bay**
- **Mallard**
- **Meadow Portage**
- **National Mills**
- **Powell**
- **Red Deer Lake**
- **Rock Ridge**
- **Salt Point**
- **Spence Lake**
- **Waterhen**
- **Westgate**
- **Dawson Bay**
- **Pelican Rapids**

The Parkland Health Region is comprised of:

Rural Municipalities

- **RM of Alonsa**
- **RM of Dauphin**
- **RM of Ethelbert**
- **RM of Gilbert Plains**
- **RM of Grandview**
- **RM of Hillsburg**
- **RM of Lawrence**
- **RM of McCreary**
- **RM of Minitonas**
- **RM of Mossey River**
- **RM of Mountain**
- **RM of Ochre River**
- **RM of Ste. Rose**
- **RM of Shell River**
- **RM of Swan River**
- **RM of Park**

City

- **Dauphin**

Towns

- **Grandview**
- **Roblin**
- **Swan River**
- **Minitonas**
- **Gilbert Plains**
- **Ste. Rose du Lac**

Villages

- **Benito**
- **Bowsman**
- **Ethelbert**
- **McCreary**
- **Winnipegosis**

First Nations

- **Crane River**
- **Ebb & Flow**
- **Indian Birch**
- **Pine Creek**
- **Shoal River**
- **Valley River**
- **Waterhen**

Other

- **LGD of Park**
- **Unorganized Territory**

Section 2

health status highlights

The following data provides information that is used to describe and track the health of the Parkland population. Wherever possible the data presented is from 2001-2002 and updates previous report information. In some areas the information is collected from national surveys that are repeated every four years.

Research has identified several key factors that influence population health. These include our lifestyle practices, healthy childhood development, education level, social support, employment and working conditions, physical environment, income, genetic make-up and health services. The following indicators have been selected to provide a snapshot of the health status of residents of the Parkland Region.

Definitions:
Crude rates refer to the actual number of cases observed for a defined population in a given time period.

Standardized rates are the number of cases that would be observed in the population if it had the same age and gender composition as a reference or "standard" population. Rates in this report have been standardized to the 1995 Manitoba population. Standardization is used so that regions that have different population distributions can be meaningfully compared.

LENGTH OF LIFE:

Premature Mortality Rates (PMR)
Death before age 75 is considered premature. The premature mortality rate indicates the rate of premature death among residents of the Region. It has been suggested as the best single indicator of health status capturing the need for health care. It is strongly associated with most of the self-reported health status indicators and physical measures used in the Health and Lifestyle Survey. In short, populations that have higher premature mortality rates are also more likely to report their health to be poor, to report a higher number of symptoms and to report being sick more often.

Average Annual Standardized Premature Mortality Rate:

	1994-1998
Parkland Region	3.65/1000
Manitoba	3.46/1000

Source: Manitoba Health

The Parkland standardized PMR rate is the sixth highest rate of all the Regions in the Province.

Life Expectancy at Birth
The longer the life expectancy, the healthier the population. It describes the experience of all people in the population, not just those ages 0 – 74 (as for the premature mortality measure). The Parkland Region's life expectancy for males is 75.3 years, and for females 81.2 years.

Potential Years of Life Lost (PYLL)
Leading causes of Potential Years of Life Lost in the Parkland Region (ranked from highest to lowest) are:

FEMALES:	PYLL	MALES:	PYLL
Motor vehicle traffic accidents	575	Ischemic heart disease	1382
Ischemic heart disease	453	Suicide	1025
Trachea/Bronchus & lung cancer	344	Motor vehicle traffic accidents	993
Breast cancer	205	Trachea/bronchus & lung cancer	582
Cerebrovascular diseases	204	Cancer of the large intestine & rectum	278
Suicide	203	Cerebrovascular diseases	252
Ovarian cancer	133	Non-Hodgkins lymphoma	243
Non-Hodgkins lymphoma	122	Diabetes	241
Accidental falls	107	Ill-defined/Unknown causes	175
Diabetes	91	Pneumonia and influenza	159

Source: Manitoba Health 1994 -1998

Ischemic Heart Disease accounted for 453 potential years of life lost for women, and 1,382 potential years of life lost for men from 1994-1998. Motor vehicle traffic accidents accounted for 575 potential years of life lost for women and 993 years for men.

Deaths

Standardized Mortality Rates
Standardized Mortality Rates include all deaths regardless of age. Average annual rates give us a more stable rate than would yearly rates.

Parkland	Manitoba
781.07/100,000	**752.52/100,000**

Source: Manitoba Health (1994-1998)

Parkland's rate is the sixth highest rate amongst Manitoba's twelve geographic Health Regions.

Infant Mortality Rates
Infant Mortality Rates have been calculated using data from the fiscal years 1995/96 to 1998/1999. On average, during the four-year period, the yearly rate of infant

mortality for the Parkland Region was 4.34 per 1000 live births. The Manitoba rate was 6.94/1000.

Causes of Death
The ten leading causes of death in the Parkland Region:

WOMEN:	MEN:
Ischemic heart disease	Ischemic heart disease
Cerebrovascular diseases	Cerebrovascular diseases
Pneumonia & influenza	Trachea/Bronchus & lung cancer
Heart failure	Prostate cancer
Trachea/Bronchus & lung cancer	Pneumonia & influenza
Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
Breast cancer	Heart failure
Kidney diseases	Cancer of the large intestine & rectum
Diabetes	Diabetes
Cardiac dysrhythmias	Suicide

Source: Manitoba Health 1994-98

CONDITIONS AND DISEASES:

Birth Weight Rate
Low birth weight has been identified as a principal risk factor associated with infant mortality. High birth weight is a risk for complication during delivery and development of diabetes and obesity later in the child's life. Rates are calculated based on the female population in ages 15-49 years.

Cases per 1000 population	2000/2001 Parkland	2001/2002 Manitoba
Low Birth Weight (less than 2500 grams)	2.3/1000	2.4/1000
High Birth Weight (greater than 4000 grams)	10.5/1000	8.1/1000

Source: Manitoba Health

Definitions:
Incidence is the number of new cases occurring in a given time period.
Prevalence is the number of existing cases in a given time period.
If concerted effort at detection takes place, incidence increases. However, early detection may lower morbidity and mortality.

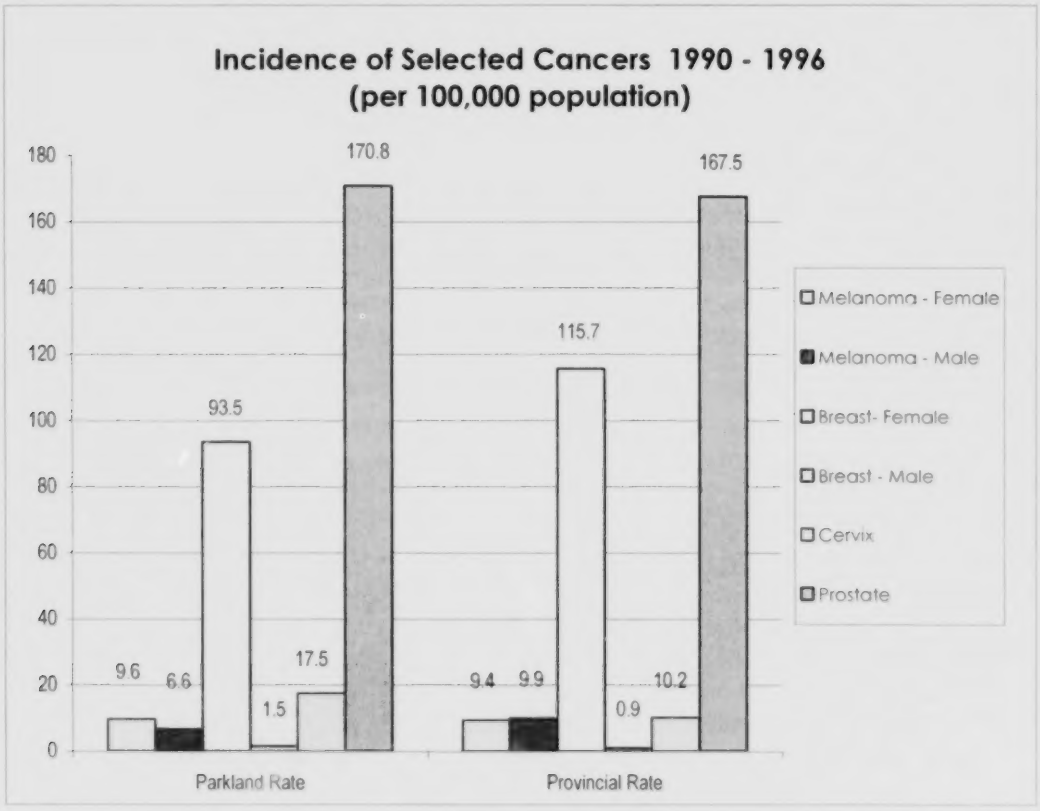
Incidence of Selected Cancers
Data cited is from the most current statistics 1990 – 1996. Incidence may reflect the effectiveness of primary and secondary prevention efforts. The following are standardized incidence rates (per 100,000 population).

Melanoma –Parkland: 6.6/100,000 for males and 9.6/100,000 for females compared to Provincial rates of 9.9 and 9.4 respectively.

Breast –Parkland males: 1.5/100,000 population. The Provincial rate was 0.9. for Parkland women: 93.5 compared to the Provincial rate of 115.7.

Cervix –Parkland: 17.5, the third highest rate in the Province. The Provincial Value is 10.2 /100,000.

Prostate –Parkland: 170.8 compared to the Provincial rate of 167.5/100,000.

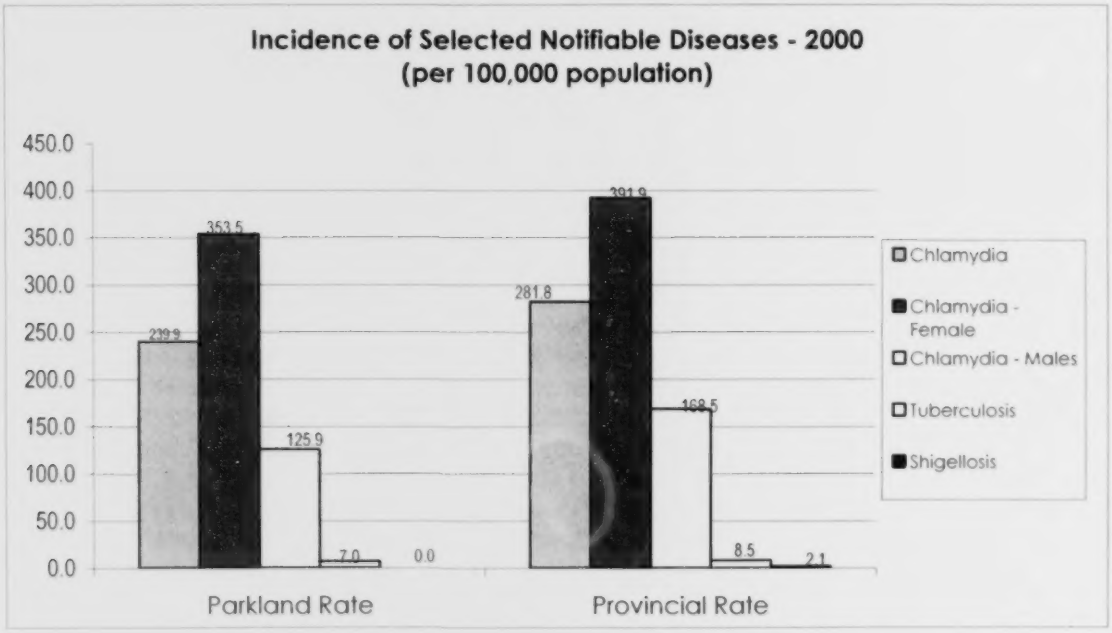


Incidence of Selected Notifiable Diseases

Chlamydia - Our Crude Rate (per 100,000) for 2000 was 239.9 compared to the Manitoba rate of 281.8. For the same year, the Crude Rate for females in the Parkland Region was 353.5 compared to 391.9 Provincially. The Crude Rate for Parkland males was 125.9/100,000 compared to the Manitoba rate of 168.5.

Tuberculosis - In 2000 the Crude Rate for tuberculosis in the Parkland Region was 7.0/100,000 compared to the Manitoba rate of 8.5.

Shigellosis - Our Crude Rate for shigellosis in 1999 was 6.90/100,000. This compared to a Manitoba rate of 14.0/100,000. No cases were reported in 2000.



Incidence and Prevalence of Diabetes Mellitus

Diabetes accounts for a significant number of hospitalizations in the Parkland region.

	Incidence	Prevalence
Parkland (total)	62.6/10,000	646/10,000
Manitoba (total)	50.5/10,000	501/10,000
Parkland (Treaty only)	98/10,000	Not available
Manitoba (Treaty only)	74/10,000	Not available

SOURCE: MANITOBA HEALTH 1999

Mental Health

Psychological Well-being – Sense of Coherence Scale - The minimum score is 4 and the maximum score is 78. The higher the score, the higher the sense of psychological well-being. The average score, for individuals 18 years and older, in the Parkland Region was 62.76. This was the highest score in the Province. The Provincial average score was 59.11.

Suicide Rates - Parkland Region's average annual standardized rate of death due to suicide (1994-1998) is 18.23 per 100,000 population. The Provincial standardized rate for death due to suicide is 11.26 deaths per 100,000 population.

Psychiatric Hospitalizations – The most recent statistics (1999/2000) indicate that the Parkland Region rate for psychiatric discharges was 707 discharges/year/100,000 population. This compares to the provincial rate of 476.48 psychiatric discharges.

DETERMINANTS OF HEALTH:

Childhood Immunization Coverage Rates

Coverage rate is the number of children immunized over the number of children in that cohort. Coverage rates are based on the Manitoba Immunization Monitoring System data for two-year old children (children who were two by 2001-05-31).

MMR (measles, mumps, rubella)		93.4%
DaPTP (diptheria, acellular pertusis (whooping cough), tetanus, polio)	3 doses	93%
	4 doses	77%

Proportion of Infants Breastfed

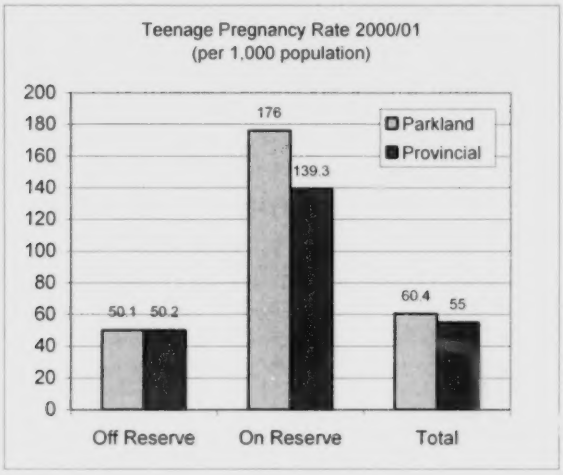
Parkland Breastfeeding Initiation Rate was 67.5 per 1000 live births (1994-1998).

Children in Out-of-Home Care Approximately 1.14 % of children in the Parkland Region, 17 years and younger (off Reserve) are in the care of Family Services. (2000)

Teenage Pregnancy Rate (Rate per 1000 for women aged 15-19 years)

	Municipalities Including Off Reserve First Nations		First Nations On Reserve		Totals	
	Parkland	*Provincial*	*Parkland*	*Provincial*	*Parkland*	*Provincial*
1999/2000	55.6	54.2	235.3	169.6	67.4	60.1
2000/2001	50.1	50.2	176.0	139.3	60.4	55.0

Source: Manitoba Health 2000/2001



PERSONAL HEALTH PRACTICES:

Cervical Cancer Screening (Rate per 1000 population)

	Parkland	Manitoba
1998-2001	511	596
1999-2002	499	595

Screening Mammography

Mammography screening may help detect breast cancer.

Rate / 1000	East District	Central District	West District	North District	Parkland Total	Manitoba Total
1999-2001	166.9	175.5	171.0	166.3	171	126.1
2000-2002	166.4	171.5	182.4	165.7	170.4	126

Smoking Rates
24% of Parkland residents are regular smokers compared to 23% for Manitoba. The Parkland rate breaks down to 23.13% of females and 24.69% of males. Proportion of regular smokers by age:

Age	15 – 25 years	25 – 44 years	45 – 64 years	65+ years
% Smokers	(24.28%)	(33.51%)	(26.25%)	(9.78%)

Smoking During Pregnancy
In the Parkland Region, 37.3% of women smoke during pregnancy. The Provincial rate of women smoking during pregnancy is 28.2%. (1997-1998)

Obesity Rates
In the Parkland Region, 20% of residents aged 20 - 64 years are obese and another 40% are overweight (Canadian Community Health Survey 2000).

Physical Activity Level
The Canadian Community Health Survey (2000) indicated that 50% of Parkland residents have inactive leisure time. It is estimated that only one third of our population is active enough to achieve health benefits from their efforts.

	Smoking Rate*	Obesity Rate	Inactivity Rate
Parkland	24 %	20%	50%
Manitoba	23%	11%	49%

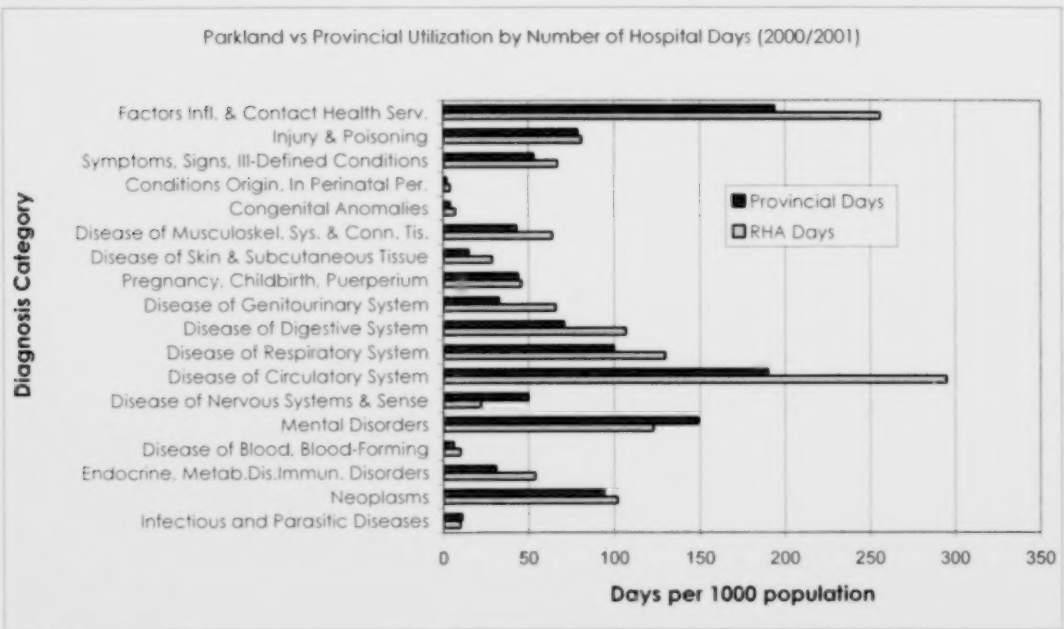
*National Population Health Survey 1996

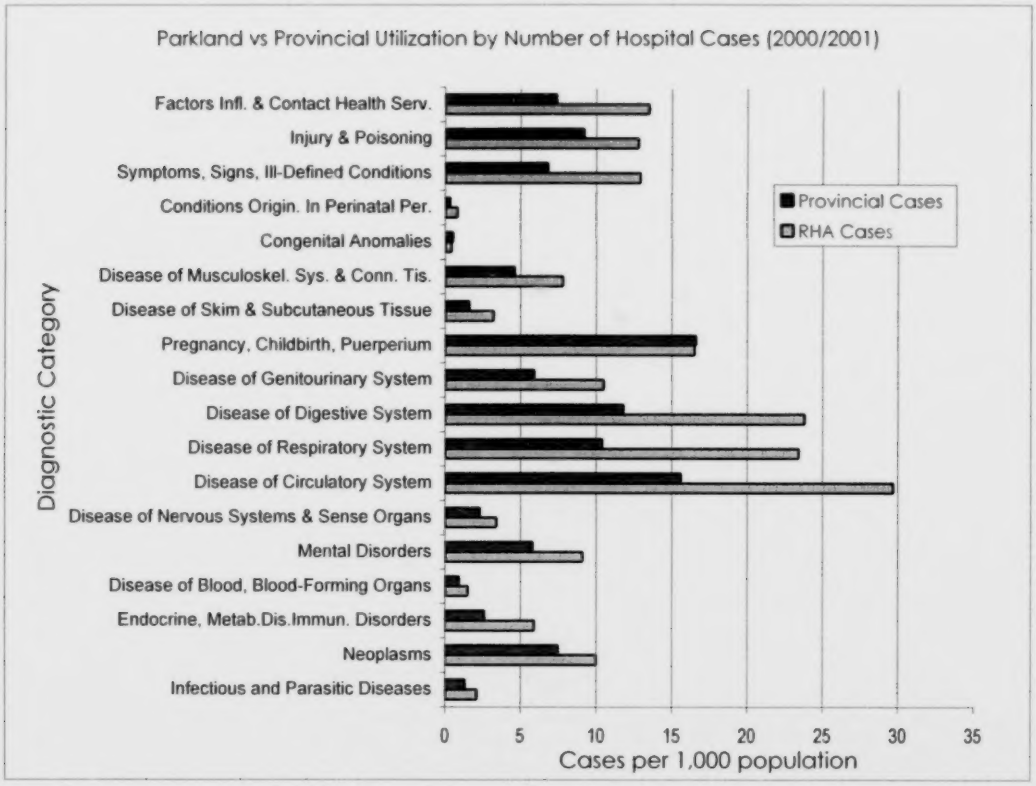
SOCIO-ECONOMICS:
Unemployment rate (Labour force age 15 and over) 1996-1999.

	1996	1997	1998	1999
Parkland	**4.7%**	**5.3%**	**6.3%**	**6.4%**
Manitoba	**7.2%**	**6.5%**	**5.5%**	**5.6%**

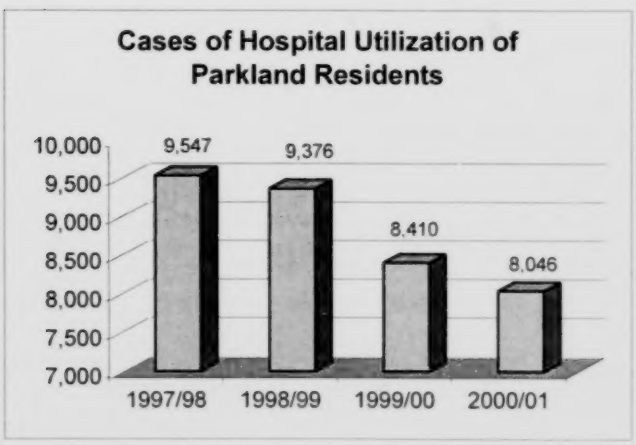
HEALTH CARE SERVICES:

Each time a person is admitted to hospital, the diagnosis most responsible for admission is coded in accordance with an international classification model. The following charts compare the age/sex-adjusted rates for Parkland Region to the Provincial rates.





Overall, Parkland residents' health status is very close to the rural average. Ongoing monitoring and data collection will enable us to measure changes in health status over time.



Section 3
2001/2002 year's activities

community health assessment

The focus of the Health Assessment during 2001/2002 was on updating data, preparing and delivering presentations based on the revised health status information.

The Parkland Regional Health Authority used the updated information to assist with planning. The Board used the updated data to review and modify their End statements.

A comprehensive study was undertaken in the RM of Lawrence in order to determine health needs of the area.

The Parkland Region is participating in a research project with the Manitoba Centre for Health Policy. The first deliverable report will provide health status information at a District level. This report will form the foundation of our next Comprehensive Health Assessment to be completed by September 2004.

core services

Core services encompass the broad range of services needed to promote health, prevent illness and injury, facilitate diagnosis and provide treatment, care and support as required. They range from health education and promotion to palliation, and are provided for the entire life cycle, from preconception to death.

The list of core health services is a comprehensive continuum, which recognizes the importance of providing population health services. These services are intended to improve the health status of communities and optimize the health of individuals and families.

Health Promotion Education is the process of enabling individuals and communities to increase control over and improve their health.

health promotion education

Health Promotion Education is the process of enabling individuals and communities to increase control over and improve their health. It focuses on achieving equity in health by providing equal opportunities and resources to enable people to achieve their optimum health potential. This includes improving life skills, encouraging healthy choices and increasing the opportunities for individuals to make healthy choices. Services include promotion of healthy lifestyles and practices, support for community groups, promotion of smoke free environments, health promotion in communities, schools and the workplace, health promotion with specific groups (e.g. seniors, multicultural groups, healthy communities), and health promotion for specific factors (e.g. tobacco control, heart health). These services are available from a variety of programs and are delivered in a wide variety of settings including offices, schools, day cares, senior centres, facilities, homes and workplaces.

Regional Health Promotion Coordinators and the Community Health Nutritionist have primary responsibility for health promotion/education. However, all Community Health staff and indeed all of the health service providers in Parkland Region share responsibility for the promotion and education of good health practices.

Highlights of 2001/2002 Initiatives:

Health Promotion/Education activities focused on the Board Ends regarding Healthy Lifestyles, Healthy Environments and Optimal Quality of Life. Activities included:

Healthy Childhood Development:

- Provided regular Child Health Clinics for parents and children in communities across the Region;
- Coordinated twice yearly Child Development Clinics for Dauphin and Swan River in partnership with the Child Development Clinic at Children's Hospital. Two pediatricians from Winnipeg attend to provide assessment to families in Parkland communities;
- Participated on the Manitoba BabyFriendly™ Coordinating Committee which developed and shared information and strategies to promote breastfeeding in the Region and across the Province;
- Developed prenatal/postnatal information modules on healthy lifestyles for use in the "Growing Healthy Families" Healthy Baby program in the Region;
- Held two preschool wellness fairs in the region, in partnership with two school divisions and other community groups;
- In partnership with Frontier School Division developed a healthy food policy for schools and offices;
- Provided nutrition and meal planning support to school divisions, individual schools, and friendship centres who sponsor breakfast, snack or lunch programs for school age;
- Organized a water safety picnic in Duck Bay for children and their families in partnership with Canadian Red Cross, Duck Bay Fire Department, Duck Bay Recreation Commission, RCMP, and Louisiana Pacific; and,
- Coordinated and facilitated the Fetal Alcohol Syndrome videoconference workshop organized by Health Canada.

Breastfeeding in the Information Age - Dauphin Mayor, Bill Nicholson signs the World Breastfeeding Proclamation, while breastfeeding proponents lend support in October 2001.

Preschool Wellness Fair – Over 260 people attended a very successful pre-school wellness fair in March 2002.

Healthy Eating and Fitness:

- Hosted the Provincial Physical Activity Consultation meetings that took place in Dauphin and Swan River;
- Supported Parkland branch of Canadian Diabetes Association to plan for and begin implementation of the Steps 4 Health pedometer based program;
- Implemented the First Step Program research study involving a physical activity program for people with type 2 diabetes;
- PRHA supports local food banks related to the issues of hunger, food security, and nutritional adequacy of diets;

- Distributed information and delivered presentations regarding healthy lifestyles, diabetes and exercise, and risk factor reduction; and,
- In partnership with the Recreation Commission, youth and volunteers, established a Skate Park for roller sports in Roblin.

Health Promotion Education includes improving life skills, encouraging healthy choices and increasing the opportunities for individuals to make healthy choices.

Tobacco Reduction:

- Provided ongoing support to the Healthy Dauphin Tobacco Reduction Group through social marketing campaigns;
- Promoted the smoking cessation support group during National Non-Smoking Week;
- Conducted environmental scan and networked with several agencies on the subject of lobbying for bylaws to ban smoking in public spaces;
- Presented information and consulted with staff and the Executive Director of the Parkland Women's Crisis Shelter regarding the hazards of environmental tobacco smoke (ETS) and potential options for the organization to protect its staff and clients from ETS;
- Shared information on policy development for smoke free spaces;
- Delivered Lungs are for Life, a smoking prevention education program, to a total of 80 children in the Region;
- Distributed information on the hazards of second-hand smoke to Dauphin City Council and to other community groups and individuals upon request;
- Hosted the Tobacco Cessation Video Conferencing session organized by the Manitoba Tobacco Reduction Alliance; and,
- Conducted "Thinking About Quitting Smoking?" information sessions throughout the Region.

Mental Health Promotion:

- Developed initiatives for Mental Health Promotion Week which included screening for anxiety disorders and awareness raising displays in four communities; and,
- Implemented activities for Mental Illness Awareness Week that included displays and screening for depression and post-traumatic stress disorder in four communities.

Community Development:

- Support provided for the formation of the Parkland Prostate Cancer Support group;
- Collaborated with the Parkland Addictions Awareness Committee to plan for and implement a mock disaster with the theme of drinking and driving prevention for approximately 900 students from Dauphin and surrounding

areas. The event and committee were recognized provincially with an award for the initiative;

- Facilitated an information and discussion session with the Parkland Youth Coordinator's Network regarding Population Health Promotion and the determinants of health;
- Organized the Parkland Youth Action for Health & Wellness Conference, which will initiate community development projects in fourteen communities.
- Provided support to a newly formed group in Waterhen for the Aboriginal Diabetes Initiative funded Diabetes Options Project. The project focus is to increase awareness about diabetes and supporting community members living with the condition;
- Provided ongoing support to the coordination and implementation of Health Fairs;
- Facilitated the establishment of the Parkland Women's Wellness Network, which serves as the regional network for the Manitoba Breast Cancer Information and Support Network; and,
- Hosted a variety of forums and focus groups in partnership with community organizations.

Health Promotion activities included; community development, education regarding healthy childhood development, healthy eating, fitness, tobacco reduction, and mental health promotion.

Challenges and Responses:

- Explore mechanisms to address the lack of regional data on the nutritional status of residents in the region;
- Replicate successful injury prevention initiatives in each district, such as the water safety picnic and the farm safety camp;
- Plan a regional response and follow up to the Provincial Physical Activity Consultation process;
- Continue to promote and implement a Population Health Promotion approach to improving health in the Parkland;
- Implement breastfeeding education according to assessed need of facility and community health staff, and disseminate information from workshops and conferences available elsewhere;
- Develop a tool to determine breastfeeding duration rates;
- Initiate development of facility and community health policies to support breastfeeding, fostering a breastfeeding culture;
- Assess opportunities to partner with various community groups to promote prenatal, infant and preschool nutrition;
- Expand partnerships with school divisions to provide nutrition resources and activities to support the new healthy lifestyles curriculum and promote the availability of healthy foods;
- Identify and participate in opportunities to promote healthy eating for seniors;
- Increase awareness of the importance of healthy eating and to work with community groups to identify and address barriers to healthy eating;
- Initiate and support community involvement in developing opportunities for fitness and to identify and address barriers to physical activity;

- Partner with other organizations to increase prevention activities related to general farm safety, including animal handling;
- Increase the number of sites where "Lungs are for Life" smoking prevention program is offered;
- Pilot smoking cessation programming;

The Shot Not the Flu- PRHA Public Health Nurse, Shauna Watt-Dorscheid, gives Ray Pike his flu shot during the 2001/02 year.

- Assist community groups and local governments to develop by-laws on smoke-free spaces;
- Enhance the coordination of regional services relating to healthy lifestyle promotion;
- Support the development of a Healthy Community committee in Rorketon; and,
- Continue to identify and build partnerships to address the determinants of health through healthy public policy and by strengthening community action.

health protection

Health Protection Services safeguard the health and safety of the public. Enforcement of health protection is legislated through the Manitoba Public Health Act. Programs and services include communicable disease control, mandated environmental health protection and Medical Officer of Health services.

Health Protection activities are carried out by a number of different health professionals employed by the PRHA (Public Health Nurses/Community Health Workers), Manitoba Health (Medical Officer of Health), Manitoba Environment (Health Inspectors), Federal Government (Medical Services Branch staff) and individual First Nations Communities.

Prevention, investigation and management of communicable diseases are a priority for Public Health staff. There is an increasing public awareness of communicable diseases, such as, West Nile Virus, Lyme disease, Influenza and Hantavirus resulting in an increasing demand for prevention programs.

Highlights of 2001/02 Initiatives:

- PRHA Annual Influenza Campaign 2001-2002 provided a total of 6,424 influenza immunizations for the citizens of Parkland (as per Manitoba Immunization Monitoring Systems [MIMS} data June 21, 2002).

Influenza Immunization Rates:

	1999/00	2000/01	2001-2002
Health Care Workers	559	665	657
Under 65 Years of Age	998	1,254	2,340
Over 65 Years of Age	4,110	5,012	4,084
Total Immunized	5,667	6,931	7,081

- The Pneumococcal Immunization Program continued to be part of the Influenza immunization campaign. A total of 1,509 clients were immunized. Hep B immunization Program for Grade Four students recorded an increasing number of students immunized;

	1999-2002	2000-2001	2001-2002
Immunization Rate	80%	83%	89%

**Immunization rate= # of students completing the series / #eligible students*

- Communicable Disease Control Coordinator and the Regional Immunization Coordinator provide educational updates on a quarterly basis to Public Health Staff across the Region;
- Provided follow-up investigation and education for a total of 108 people diagnosed with a reportable communicable disease including those diagnosed with a sexually transmitted disease (most often Chlamydia), Campylobacter, an organism that causes diarrheal illness, Hepatitis B &C, Verotoxic E. coli, Salmonella, Giardia, and Cryptosporidium;
- Participated in the Provincial Blood Recipient notification Project which was launched in May, 2001 by MB Health for identification of persons at risk for contracting Hepatitis C through blood products;
- Facilitated a regional forum with Manitoba Health on the continued implementation of the HIV/AIDS Strategy which was attended by key stakeholders and public health staff;
- Worked in partnership with the Government of Canada, Food Inspection Agency, to provide follow-up and investigation for a total of 93 animal bites/exposures for possible risk of Rabies with one positive rabies report in a skunk. Rabies prophylaxis was provided to 7 people who were exposed in 4 different situations deemed to be high risk;
- Public Health staff were involved in 2 outbreaks: one of chickenpox in a daycare/nursery school setting and the other was of cryptosporidia and a joint response that involved MB Health, MB Conservation, Health Canada, and 4 other Regional Health Authorities. This outbreak was associated with use of a recreational pool;
- Many water quality and water safety issues were responded to by the Medical Officer of Health and public health staff with concerns for well water quality, blue-green algae and swimmer's itch;

- Provided information to the public concerning Hantavirus, Lyme disease, and West Nile Virus through distribution of fact sheets, posters, articles in Links, and radio interviews with the Medical Officer of Health (MOH); and,
- Bioterrorism became an issue subsequent to Sept.11/2001, and the MOH responded to two packages of concern. Other PRHA staff responded to inquiries from the public related to Anthrax and Smallpox.

Challenges and Responses:

- Continue to participate with Manitoba Health and other RHAs in the Provincial Manitoba Immunization Monitoring System (MIMS) Steering Committee to address issues related to the system;
- Continue to expand influenza prevention and control programming through education and immunization;
- Continue participation in Provincial planning to develop a regional preparedness plan in case of a potential worldwide influenza outbreak;
- Respond to increasing demand for services, such as education and investigation of increasing numbers of animal bites and potential rabies exposure;
- Continue to participate in planning initiatives for development of Provincial Sexually Transmitted Disease (STD) Strategy in partnership with Manitoba Health, other RHAs and other partners to address the increase in sexually transmitted diseases;
- Continue to respond to the ongoing demand from the public for information about Hantavirus, Lyme disease, Rabies, West Nile Virus and other communicable diseases in innovative ways such as, displays, educational sessions, and other events where large groups of people congregate; and,
- Continue monitoring of water quality and water-borne diseases by the Medical Officer of Health and respond to increased requests for education and information about water quality and testing.

Prevention is anticipatory action taken to reduce the likelihood of undesirable health conditions.

Prevention and community health services are directed at persons, families and groups in communities who are at risk for developing a health problem, disease or disorder, and at reducing hazardous environments.

prevention and community health services

Prevention is anticipatory action taken to reduce the likelihood of undesirable health conditions. Prevention and community health services are directed at persons, families and groups in communities who are at risk for developing a health problem, disease or disorder, and at reducing hazardous environments.

Services are provided in areas such as reproductive health, pregnancy/ childbirth and parenting, services to seniors, nutrition education, prevention of injury, chronic diseases and substance abuse/addictions (particularly tobacco), family health, oral health, hearing services and diabetes education.

Nice Day For A Walk – Participants take part in the Senior and Elders Day Walk in Dauphin October 2001.

Traditionally, Public Health Nurses have played a key role in the planning and delivery of these services throughout the Region. Other service providers, such as the Diabetes Education Nurses/Dietitians, the Regional Audiologist, Health Educator, Services to Seniors Worker, Community Health Workers and Home Visitors, also play a key role in prevention education.

Highlights of 2001/02 Initiatives:

- Participated in social marketing on the subjects of prostate cancer awareness, scalds and burns prevention in children, drinking and driving in youth, preventing sunburn, heat exhaustion and heat stroke;
- Collaborated in planning and implementation of a Dauphin Safe Kids Event that included education on burns and scalds prevention, a bicycle rodeo and car seat safety inspections;
- Provided regular home visiting services to eligible families through the BabyFirst Program, which assists and supports families in raising healthy children;
- Provided group and/or individual education to low-income families through the Healthy Baby Program. This program was designed to provide vulnerable families with information on nutrition for infants and prenatal/ breastfeeding women as well as general information on child care and parenting;
- Collaborated on the development of a Community Forum on Teen Pregnancy Prevention in partnership with the School Parent Advisory Council in Roblin;
- Women's Wellness Workshops continued in Roblin and Swan River;
- Distributed the Pap Smear Education Kits developed by the Manitoba Cervical Screening Program. The kits are to be used by Public Health and community groups to increase the cervical screening rates in Parkland;
- In partnership with the Parkland Women's Wellness Network, Health Canada and the Breast Cancer Centre of Hope, organized a one day Breast Cancer/Health Conference for the region;
- Assisted the Parkland Women's Wellness Network in the development and distribution of a pamphlet on breast cancer information and support services;
- The PRHA continues to support the SAFE BABY Program through the distribution of their kits. The kits are distributed through the Ste. Rose Hospital, Dauphin Regional Health Centre, Swan Valley Hospital and Public Health

Nurses. The goal of the SAFE BABY Program is to provide a safety/education kit and smoke alarm to every baby born in Manitoba;

- Provided funding to 17 congregate Meal Programs in 11 communities in the Region, providing meals and socialization to over 270 frail elderly residents each week;

Community Meal Programs for Elderly – Number of Meals Served

	1999/00	2000/01	2001/02
Congregate Meal	55,630	55,609	59,879
Meals on Wheels	12329	12,546	16,658
Total Meals Served	68019	68,155	76,537

- Provided funding to Support Services to Seniors Community Resource Councils (CRC's) in Dauphin, Grandview, McCreary, Roblin, Rorketon, Ste. Rose and Swan River. These CRCs coordinate transportation services, shopping, friendly visiting, information and referral, and personal response systems.

Challenges and Responses:

- Increase opportunities for partnership with organizations and community groups in development of prevention strategies for accidental injuries and lifestyle-related diseases such as Diabetes and Heart Disease;
- Continue to develop a regional diabetes strategy that coordinates and integrates a public health approach to diabetes prevention, education, care, research and support;
- Plan to distribute and train staff on use of the newly printed Diabetes Teaching Manual;
- Collaborate with health care workers, agencies, organizations, and the community, including the Provincial "Healthy Baby" program to assist in the development and implementation of programs to support improved nutritional and overall health status of pregnant women;
- Continue partnerships with Healthy Child Manitoba to provide staff development and skill enhancement for Public Health Nurses and Home Visitors involved in the delivery of the Baby First program and participate in the Provincial evaluation of this program;
- Continue partnerships with School Divisions, Family Services, Child Day Care, Friendship Centres and others to plan and implement regional initiatives

Ribbon Cutting – The Ethelbert/Pine River Community Health Resource Centre officially celebrated its grand opening in May 2001. Citizens for Rural Health Committee representatives (CRHC) Mary Paziuk (left) and Joy Wolters (right) hold the ribbon for Health Minister Dave Chomiak and Swan River MLA, and Agriculture Minister Rosann Wowchuk.

to address early childhood development;

- Initiate a consultation process with School Divisions to assess health education needs in schools and collaborate on a regional Nurses-in-Schools implementation plan in partnership with Manitoba Health, Education and Healthy Child Manitoba;
- Develop a strategy in partnership with CancerCare Manitoba to address early cancer detection and prevention programs for target populations, including working with the Manitoba Cervical Screening Program to increase the cervical screening rates of the target population in Parkland; and,
- Enhance Support Services to Seniors' programs as dollars become available.

treatment services (acute and chronic)

These services provide active treatment to reduce the impact of medical conditions or disorders. People generally need acute-care services for short periods of time while chronic care services provide periodic treatment required for managing longer-term disorders such as multiple sclerosis.

Generally, acute care services are provided in a hospital setting. Basic or primary acute care services are provided throughout the Region including the facilities in Roblin, Grandview, Swan River, Winnipegosis, Dauphin, Ste. Rose and McCreary.

Our Region also provides a variety of specialized services. Major surgical services are provided at Dauphin and minor surgical procedures are done in Swan River. Obstetrical services are provided in Dauphin, Swan River and Ste. Rose. Dauphin and Swan River have chemotherapy programs and hemodialysis is offered in Dauphin.

Highlights of 2001/02 Initiatives:

- Completed mould remediation/restoration at the Dauphin Regional Health Centre; and
- Continued planning for a new Swan River Valley Health Centre.

Challenges and Responses:

- Effective detection and remediation of mould from affected facilities;
- Continue Regional and local recruitment and retention strategies for RNs, LPNs and Health Care Aides.

The following table indicates the acute care bed utilization for each facility in the Region over the past three years:

	1999/00		2000/01		2001/02	
Facility	No. of Acute Beds	**Average Occupancy**	No. of Acute Beds	**Average Occupancy %**	No. of Acute Beds	Average Occupancy
Dauphin	82	88.9%	82	84.4%	72	87.3%
Swan River	32*	97.7%	32*	93.3%	32	95%
Ste. Rose	27	66.0%	26	72.2%	26	73.9%
Roblin	25	60.4%	25	54.8%	25	57.4%
Grandview	18	47.4%	18	32.78%	18	50.2%
McCreary/ Alonsa	13	47.67%	13	57.54%	13	56.5%
Winnipegosis	14	59.93 %	14	55.57%	14	71.4%
Benito	5	38.8 %	5	43.80%	5	64.9%
Total	216	76.2%	215	72.0%	205	72.3%

**Bed reconfiguration due to temporary facilities at Swan River and Benito*

emergency health services

Emergency Health Services include hospital emergency department services, ground ambulance and ambulance dispatch services as well as emergency health preparedness.

Hospital emergency services are provided at Dauphin Regional Health Centre, Grandview Hospital, McCreary/Alonsa Health Centre, Roblin and District Health Centre, Ste. Rose General Hospital, Swan River General Hospital and Winnipegosis General Hospital on a 24 hour /7 day basis either through fee for service or contractual arrangements with area physicians.

New Ambulance - Presentation of keys for new ambulance to Gilbert Plains Ambulance Service.

Ground ambulance services are provided from the communities of Dauphin, Ethelbert, Gilbert Plains, Grandview, Roblin, Ste. Rose, Swan River, Waterhen and Winnipegosis.

Highlights of 2001/02 Initiatives:

- Conducted a Client Satisfaction Survey in Emergency Rooms throughout the Region. Based on results of the survey,

areas for improvement have been identified;
- Developed a continuing education program for all EMS Providers in the Region;
- Graduated 21 candidates from a Regional Intermediate Life Support Program;
- In signing Service Purchase Agreements with Ste. Rose and Gilbert Plains Ambulance Services, completed the signing of these agreements with all the Region's Ambulance Services;
- In conjunction with Manitoba Health, implemented 9 new Ambulances within the Region including Dauphin, Swan River, Roblin, Ste. Rose, Grandview, Gilbert Plains, Waterhen and Winnipegosis;
- Developed a partnership with Community Health and Health Promotion for the delivery of Car Seat Safety and Playground safety; and,
- In August 2001, Grandview Hospital Emergency Department reopened to provide 24 hour/7day per week emergency coverage.

Challenges and Responses:
- Develop a strategy to enhance access to Pre-Hospital care in the Far Northern areas of the Region;
- Establish a coordinated process for the transfer of patients within the Region for both interfacility and primary responses;
- Continue to educate the basic life support providers in the Region;
- Continue to work with communities to develop Non transport First Response Agencies in the Region; and,
- Develop and implement Mutual Aid Agreements to provide backup ambulance service coverage during emergencies and increase coordination and integration of ambulance services across the Region.

Ambulance Utilization:
- There has been about a 3.0% increase in ambulance utilization throughout the Region over the last three years. On average, the percentage of emergent calls over the past three years has been about 50% of the total ambulance calls;
- The following tables provide a breakdown of the ambulance call volume utilization Regionally and by individual service:

Regional Summary of Ambulance Call Volume – 1999/00 – 2001/02

	Emergent Calls	% of Total Calls	Non-Emergent Calls	% of Total Calls	Total
1999/00	2041	58.8	1432	41.2	3473
2000/01	1547	45.5	1853	54.5	3400
2001/02	1899	52.8	1695	47.2	3594

Total Ambulance Call Volume by Service - 1999/00 – 2001/02

	Total Number of Calls			% of Regional Calls		
	1999/00	2000/01	2001/02	1999/00	2000/01	2001/02
Dauphin	1,035	896	1,017	29.8	26.3	28.3
Ethelbert	48	56	35	1.4	1.6	1.0
Grandview	313	214	162	9.0	6.2	4.5
Gilbert Plains	170	149	113	4.9	4.4	3.1
Roblin	340	355	439	9.8	10.4	12.2
Winnipegosis	71	83	79	2.0	2.5	2.2
Ste. Rose/McCreary	469	517	647	13.5	15.2	18
Waterhen	60	82	83	1.7	2.5	2.3
Swan River	967	1,048	1,019	27.9	30.8	28.4
Region Total	**3,473**	**3,400**	**3,594**	**100%**	**100%**	**100%**

Emergent Calls Comparison 1999/00 – 2001/02

	Total Number of Calls			% of Regional Calls		
	1999/00	2000/01	2001/02	1999/00	2000/01	2001/02
Dauphin	517	458	560	25.3	24.7	29.4
Ethelbert	43	46	35	2.1	2.4	1.8
Grandview	239	52	52	11.7	2.8	2.7
Gilbert Plains	127	115	74	6.2	6.2	3.9
Roblin	181	171	186	8.9	9.3	9.8
Winnipegosis	52	55	57	2.6	2.9	3.0
Ste. Rose/McCreary	191	232	211	9.3	12.6	11.1
Waterhen	60	82	83	3.0	4.5	4.5
Swan River	631	642	641	30.9	34.6	33.8
Region Total	**2,041**	**1,853**	**1,899**	**100%**	**100%**	**100%**

diagnostic services

Diagnostic Services are available in the acute care facilities including Dauphin Regional Health Centre, Grandview District Hospital, McCreary/Alonsa Health Centre, Roblin and District Health Centre, Ste. Rose General Hospital, Swan River Health Centre and Winnipegosis and District Health Centre. Basic Laboratory, X-ray and EKG testing is available at each site.

There is a visiting diagnostic service at Gilbert Plains Health Centre that provides basic X-ray and EKG testing. Laboratory sample collection is also offered at this site.

Diagnostic Services in the Parkland Region provides laboratory, radiography (X-ray/CT), ultrasound, and electrocardiography (EKG) tests and examinations.

Fluoroscopy (X-ray) and Computed Tomography (CT) services are performed at the Dauphin Regional Health Centre. Ultrasound service is provided in Dauphin with a visiting service to Swan River, Ste. Rose and Roblin.

Radiologists from Winnipeg provide professional services to Ste. Rose, McCreary, Grandview, Winnipegosis and Gilbert Plains sites, with Radiologists from Brandon directing service to Swan River, Benito and Roblin. A resident Radiologist in Dauphin provides service to the Dauphin Regional Health Centre.

Highlights of 2001/02 Initiatives:

- Replaced the EKG system equipment in Ste. Rose General Hospital;
- Purchased two refurbished EKG units to be used throughout the Region as immediate back up equipment in any of the facilities when required;
- Replaced the 11-year-old mobile ultrasound system, which provides services to Swan River, Roblin and Ste. Rose. In addition, a new replacement vehicle to transport the ultrasound unit was purchased;
- Dauphin, Roblin and Ste. Rose supported Radiology Technologist students during four weeks of their rural rotation practicum providing technical instruction in performing routine x-ray and fluoroscopy;
- The Region again supported one Laboratory Technologist from Roblin for the six month Radiology Assistant training program; and,
- The EKG Technologist from Dauphin provided basic training and instruction in routine electrocardiography to staff of the McCreary Alonsa Health Centre to improve their capability to provide a diagnostic response when technologists not available.

Challenges and Responses:

- Continue recruitment and retention strategies for Technologist staff including:
    - Continued involvement in practicum training for Radiology Technologists,
    - Assistance opportunities for the training of required laboratory staff in the Radiology Assistant training program,
    - Support provincial initiatives to expand and enhance laboratory and ultrasound training.
- Develop recruitment strategies for professional Radiologist(s) to provide consistency to the radiology programs in the region;
- Improve and enhance accessibility to professional Radiology services in conjunction with the Teleradiology project;
- Participate with other rural Regional Health Authorities in obtaining the professional services of a Laboratory Medicine Physician Specialist to direct laboratory services;
- Continue the process of enhancing the diagnostic procedures performed within the region at the appropriate sites;
- Develop and implement strategies to address the high cost of after hours emergency diagnostic service requirements;

- As indicated in the table below, over the past year laboratory tests, EKG and CT exams have increased with routine x-ray and ultrasound exams remaining stable; and,

Services	Number of Tests/Exams		
	1999/00	2000/01	2001/02
Laboratory	637,047	632,465	663,811
EKG	13,452	13,548	14,350
X-ray	37,341	34,984	34,067
Ultrasound	5,540	5,235	5,338
CT	2,487	3,167	4,112

- The waiting times for specialty imaging procedures were relatively unchanged over the past two years as indicated in the table below.

Services	Waiting Time (weeks)		
	1999/00	2000/01	2001/02
Ultrasound	6-8	5	5
CT	7-8	3	4

developmental and rehabilitation support services

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorders or disability. Services are provided in a range of settings, including the home/community, inpatient/outpatient services in facilities and long-term care facilities.

Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities, and the environment in which they live and work.

rehabilitation therapy

Rehabilitation Therapy Services work in partnership with people to restore function and promote independence through treatment, prevention, and health promotion activities. Services are designed to serve persons of all ages who have congenital or acquired physical and/or cognitive disorders.

Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities, and the environment in which they live and work. Services include physiotherapy, occupational therapy and speech/language pathology.

Professional therapists are based in Dauphin and Swan River and provide on site and visiting services throughout the Region to all acute care facilities, residents of personal care homes and community clients on referral.

Highlights of 2001/02 Initiatives:

- The Physiotherapy staff saw 1,594 new inpatients/outpatients during 2001/02 with a total of 10,298 client visits. 1,883 new inpatients/outpatients were seen the previous year with a total of 11,833 client visits;
- The Occupational Therapy staff saw 424 new outpatients/inpatients during 2001/02 with a total of 2,024 client visits. 892 new outpatients/inpatients were seen the previous year with a total of 4,137 client visits; and,
- The Speech Therapy staff saw 55 new clients with a total of 729 client visits. 127 new clients were seen the previous year with a total of 1,259 client visits.

Challenges and Responses:

- Recruitment and retention of professional therapy staff;
- Maintain access to services in a fair and equitable manner across the Region given available staff resources;
- Prioritize workload demands so available staff resources are utilized in the most effective and efficient manner;
- Provide appropriate support for professional staff so resources are utilized effectively and efficiently; and,
- Program planning for Inpatient Rehabilitation Service that improves quality of rehabilitation services.

Early Childhood Intervention services provide identification, assessment, intervention and support to children with disabilities that may impair their functional development.

early childhood intervention

These services provide identification, assessment, intervention and support to children with disabilities that may impair their functional development.

Multi-disciplinary service is provided by physiotherapists, occupational therapists, a speech therapist, an audiologist, public health nurses, social workers, hospital staff, physicians and others throughout the Region. Intersectoral case coordination and management is provided in partnership with Children's Special Services, Society of Manitobans with Disabilities, School Divisions and others.

Highlights of 2001/02 Initiatives:

- Facilitated Child Development Clinics at Dauphin and Swan River;
- Provided occupational therapy services in the North District in conjunction with the Rehabilitation Centre for Children;
- Participated in preschool wellness fairs in partnership with school divisions; and,
- Partnered with school divisions, Family Services and Housing as a member of Parkland Healthy Child Coalition in a survey of the needs of young children and their families in the southern area of the Region.

Challenges and Responses:

- Continue initiatives to address the need for consistent hearing services for early identification, assessment, intervention and support to children through recruitment of a regional audiologist;
- Collaborate with the Departments of Education and Family Services in enhancing coordination of services to young children and their families; and,
- Work with Education, Family Services and Manitoba Health to develop a Regional Pediatric Therapy Program that includes physiotherapy, speech language pathology, occupational therapy and audiologist services.

home based care

Home Care is a comprehensive community based program that provides essential in-home supports to individuals, regardless of age, who require community health care services or assistance with daily living. The philosophy of the program is that individuals are more likely to achieve and maintain a high level of well being in the familiar environment of their own home.

Using a model that emphasizes promotion of care in the home, the Home Care Program augments the resources of family and the community, facilitates hospital discharges, and provides alternatives to entry to Personal Care Home for as long as is safely possible.

Using a model that emphasizes promotion of care in the home, the Home Care Program augments the resources of family and the community, facilitates hospital discharges, and provides alternatives to entry to Personal Care Home for as long as is safely possible. Services are provided to elderly and disabled adults and children who would otherwise be at risk in the community. The Home Care Program facilitates admission to an appropriate facility when independence in the community is no longer a viable option. Activities of the Home Care Program are carried out by both professional and paraprofessional staff.

Highlights of 2001/02 Initiatives:

- Coordinated client satisfaction survey involving 1200 Home Care clients with a 47% response rate. Ninety-one per cent of respondents were either satisfied or very satisfied with the way services were provided and with accessibility of the services;
- Piloted Home intravenous and pain management program in the Swan River area, evaluation of the pilot is underway;
- Completed a regional review of the Home Care Program that identified the need to enhance consistency in program delivery across the Region;

Quilt Week – members of the Roblin Health Care Auxilary donate their time and effort to make quilts for beds in Crocus Court Personal Care Home.

- There were 172 residents admitted to a long term care facility in the Region and 60 people on the waiting list for admission at year end;
- There were 1,104 people in the Home Care Program at year end; and,
- Provided over 60 hours of in-service education for Home Care Direct Service Staff including one workshop on psychosocial aspects of palliative care.

Challenges and Responses:

- Development of regularly scheduled hours of work for direct service staff should address the need to increase the consistency and reliability of the service;
- Continue to develop regional policies to enhance consistency of service provision across the Region;
- Continue addressing training needs of the Direct Service workforce; and,
- Continue to work on Implementation of a computerized scheduling system for direct service workers.

long term care

The goal of long term care is to maintain or increase a person's physical, social and psychological well-being to a maximum level, promote functional independence and improve the quality of a person's life. Care is provided in the least restrictive environment possible to an individual whose functional capacities are chronically impaired or are at risk of impairment. All personal care homes provide residential long-term care while some facilities also offer adult day care and respite programs.

Parkland Region has eleven personal care homes which include Dauphin Personal Care Home, Grandview Personal Care Home, Gilbert Plains Personal Care Home, Crocus Court (Roblin), McCreary/Alonsa Health Centre, Dr. Gendreau Personal Care Home (Ste. Rose), Benito Health Centre, Winnipegosis-Mossey River Personal Care Home, St. Paul's Home (Dauphin), Swan Valley Lodge, and Swan River Personal Care Home.

Respite care is a component of the home care program provided in partnership with the long term care facility. This program provides short-term admissions to a

personal care home for the purpose of providing a period of relief to families who care for a dependent person in the home. Respite care services are available in Roblin, Grandview, Gilbert Plains, Swan River, Benito and Dauphin.

Adult day care is a component of the home care program provided in partnership with the long term care facility. This service assists the client to maintain independent living status by providing an opportunity for recreation and socialization in a supportive environment. Adult day care programs are available throughout the Region including St. Paul's Home (Dauphin), Grandview Personal Care Home, Swan Valley Lodge, Benito Health Centre, Crocus Court (Roblin), Dr. Gendreau Memorial Personal Care Home (Ste. Rose), and McCreary/Alonsa Health Centre.

Highlights of 2001/02 Initiatives:

- Developed action plans with each PCH in the Region to address specific improvements required to meet Long Term Care Standards as identified in the Year 2 Manitoba Health Standards review;
- Developed and implemented an educational and awareness plan for the PCH and Hospital staff, clients and general public throughout the Region regarding *The Protection for Persons in Care Act* which was proclaimed in May, 2001;
- Recruited to the Mental Health Resource Nurse position for Grandview and Gilbert Plains;and,
- Mould remediation project established at the Swan River Valley Personal Care Home.

Challenges and Responses:

- Review the Adult Day Program including utilization;
- Review the Respite Program including utilization in residential and acute care facilities; and
- Continue recruitment and retention strategies for RNs, LPNs and Health Care Aides.

The utilization of the long-term care beds in the Personal Care Homes throughout the Region over the past three years has remained fairly constant as indicated by the following table:

Long Term Care Bed Utilization (Excluding Respite Services)

Facility	1999/00			2000/01			2001/02		
	No. of Beds	No. of Admiss-ions	% Bed Occu-pancy	No. of Beds	No. of Admiss-ions	% Bed Occu-pancy	No. of Beds	No. of Admiss-ions	% Bed Occu-pancy
Dauphin PCH	85	24	97.4	85	40	99.0	85*	34	98.5
St. Paul's Home	70	18	99.9	70	21	99.7	70	20	99.2
Swan Valley Lodge	70	18	96.6	65**	19	95.5	65	19	97.0
Dr. Gendreau PCH (Ste. Rose)	64	19	99.3	64	21	98.1	64	16	99.2
Swan Valley PCH	58	11	91.1	58	28	91.3	58***	28	86.0
Crocus Court (Roblin)	59	19	98.0	59	20	98.2	59	13	99.2
Grandview PCH	39	18	95.8	39	15	95.0	39	11	97.9
Gilbert Plains	29	12	99.2	29	8	98.3	29	8	99.3
McCreary	20	9	99.3	20	2	99.7	20	3	97.2
Benito	20	8	88.6	20	20	91.5	20	14	95.1
Winnipegosis	20	2	99.9	20	11	97.0	20	6	98.5
Total	534	158	97.1	529	205	97.0	529	172	95.53

**3 beds closed from May 1 – June 13, 2001 due to mold remediation.*

***5 beds closed due to mold remediation.*

****15 Beds closed formally from September 2001 to middle of February 2002 for mold remediation. Restricted admission April 1, 2001 in preparation for the renovation project.*

The utilization of respite beds throughout the Region has remained fairly constant ranging from about 32 to 76% occupancy as indicated on the following table:

Long Term Care Respite Services Comparison

	1999/00				2000/01				2001/02			
Facility	**No. of Respite Beds**	**No. of Clients**	**No. of Admiss-ions.**	**% Bed Occu-pancy**	**No. of Respite Beds**	**No. of Clients**	**No. of Admiss-ions**	**% Bed Occu-pancy**	**No. of Respite Beds**	**No. of Clients**	**No. of Admiss-ions**	**% Bed Occu-pancy**
Dauphin PCH	5	50	72	51.3	5	46	72	40.2	5**	49	92	62.5
Dr. Gendrea u PCH	1	8	13	52.6	1	9	13	74.0	1	13	22	76.4
Swan Valley PCH	2	11	15	26.3	2	8	16	12.6	2	15	32	34.8
Crocus Court PCH	1	9	11	66.0	1	10	14	61.1	1***	13	19	100.0
Grand-view PCH	1	5	6	40.3	1	7	9	58.6	1	3	3	32.6
Gilbert Plains PCH	1	12	13	66.3	1*	8	15	42.2	1	13	15	57.5
TOTAL	**11**	**95**	**130**	**42.5**	**11**	**96**	**139**	**42.0**	**11**	**106**	**183**	**56.2**

**Respite bed closed from January – March 31, 2001 due to renovations.*
***Respite beds closed from May 1 – June 13, 2001 due to mold remediation.*
****Utilized 2 beds for respite.*

Resident Bill of Rights - Members of the PRHA's Regional Long Term Care Team, pose with the new, framed version, of the Resident Bill of Rights.

Adult Day Care Utilization Comparison

The Adult Day Care programs offered in the following Personal Care Homes have remained fairly constant in their enrollment over the past three years.

	1999/00			2000/01			2001/02		
Program	Admitted	Separated	No. Active at Year End	Admitted	Separated	No. Active at Year End	Admitted	Separated	No. Active at Year End
St. Paul's Home	6	11	16	3	4	18	15	15	15
Grandview PCH	2	0	4	1	4	2	6	2	7
Swan Valley Lodge/Benito Health Centre	9	10	30	10	13	30	10	10	30
Dr. Gendreau PCH (Ste. Rose)	13	8	69	8	18	57	5	15	47
Crocus Court (Roblin)	3	2	7	3	5	6	7	5	8
McCreary	6	5	19	1	7	13	3	3	3
Total	**39**	**36**	**145**	**26**	**51**	**126**	**46**	**50**	**110**

mental health services

Mental Health Services ensure that those who suffer from mental distress receive the care, services and support that they need to live with optimal independence and health. The model for community based mental health services includes an emphasis on working partnerships, building support networks and multidisciplinary service delivery/coordination.

Target groups include children and adolescents with mental health problems, adults with acute psychiatric needs, adults with severe and persistent mental illness and older adults with mental health problems.

Services include assessment, identification and case management, acute care treatment; mobile crisis intervention, crisis stabilization, long term care and treatment, supportive housing, self help and family support, intensive case management support, psychosocial rehabilitation including employment support/social/ recreation, and prevention/promotion/public education services.

Workers are based in Dauphin, Swan River, Ste. Rose and Roblin and provide services to all areas of the Region. Proctors are employed on a casual basis to provide assistance to individuals living in supportive housing throughout the Region.

Mental Health Services ensure that those who suffer from mental distress receive the care, services and support that they need to live with optimal independence and health.

Highlights of 2001/02 Initiatives:

- The Community Mental Health Program saw 745 clients for assessment and follow up, 501 of whom were new to the program. At fiscal year-end, 963 cases remained open for services. These volumes are relatively consistent with the previous year;
- The Mental Health Psychogeriatric Team, consisting of three specialized multi-disciplinary staff, provides consultative assessment and identification, treatment and education services for the elderly throughout the Region. During the year they had 169 clients referred for assessment;
- The Community Mental Health Support Worker (CMHSW) Service was implemented, with workers located in the communities of Dauphin and Swan River;
- The PRHA continues to fund the Canadian Mental Health Association (CMHA) in Swan River to operate a four bed Safe House and provide support to housing, self-help services (group and peer support), social/recreational activities for clients and some public education services;

- The four-member Child/Adolescent Mental Health Team saw 192 clients in the year, of which 131 were newly admitted to the program;
- The Regional Mental Health Program continues to provide prevention, promotion and public education services in partnership with self-help groups and other organizations. The Society for Depression and Manic Depression, Manitoba Schizophrenia Society and Anxiety Disorders Association of Manitoba are funded by Manitoba Health to provide self-help services (group and peer support) in South Parkland as well as Region-wide awareness and education programs;
- The Program was successful in recruiting a second psychiatrist with Dr. Lombard joining the Program in February 2002; and,
- The ten bed Acute Care Psychiatric Unit at the Dauphin Regional Health Centre had 205 admissions during 2001/02 with an average length of stay during of 10.8 days.

Challenges and Responses:

- Continue initiatives to recruit itinerant Child Psychiatry, Psychogeriatrician Services and other Mental Health Professionals;
- Work in partnership with Manitoba Health and others to address Mental Health Renewal with a focus on client/family involvement in the process;
- Continue to collaborate with First Nations and Metis mental health service providers to effectively serve the needs of these populations;
- Long-term care for the very few clients needing this service is an ongoing challenge. The reorganization of the Selkirk Mental Health Centre may assist in addressing this regional need;
- Continue to liaise with specialized inpatient units in the Brandon Regional Health Authority that serve the child/adolescent and geriatric populations in order to provide timely and appropriate care; and,
- Continue to collaborate with School Divisions, Family Services and other agencies to develop initiatives to address the increasing need for Child/Adolescent Mental Health Services.

Child/Adolescent Acute Psychiatric Unit/Brandon – Parkland Admissions for 2001/2002

1999/2000	2000/2001	2001/2002
18	15	18

Child/Adolescent Mental Health Program Case Count for 2001/2002

	1999/2000	2000/2001	2001/2002
Cases Opened for Assessment	202	202	192
New Cases to Program	135	128	131
Re-opened to Program	59	74	61
Closed to Program	174	207	228

Community Mental Health Program Case Count for 2001/02

	1999/2000	2000/2001	2001/2002
Cases Opened for Assessment	686	751	745
New Cases to Program	424	470	501
Re-Opened to Program	262	281	244
Closed to Program	664	681	729
Open Cases at Year-End	890	952	963

Mental Health Services for the Elderly Program Case Count for 2001/2002

	1999/2000	2000/2001	2001/2002
Cases opened for Assessment	145	151	169
New Cases to Program	89	116	137
Re-Opened to Program	56	35	32
Closed to Program	132	127	135
Average Monthly Caseload	135	193	201
Education Sessions	10	14	19

Acute Care Psychiatric Unit Bed Utilization Case Count for 2001/2002

	1999/2000	2000/2001	2001/2002
Admissions	192	209	205
Patient Days	2,819	2,726	2,797
Average Length of Stay	14 days	13.6 days	10.8 days
Average Daily Census	7.7 patients	7.5 patients	7.9 patients

substance abuse/addictions

The goal of these services is to achieve a healthier society by reducing the abuse of alcohol, other drugs and gambling. Services include assessment, treatment and support services for individuals and families with substance abuse/addiction problems.

The Addictions Foundation of Manitoba (AFM) carries the primary responsibility for the delivery of addictions/substance abuse related services in the Province.

Highlights of 2001/02:

- Detoxification services are provided by medical/hospital facilities throughout the Region. In particular, Ste. Rose Hospital provides detoxification services for patients arriving at AFM's residential care facility (Willard Monson House) from other areas of the Region or the Province;
- Early intervention services (education, identification, support and referral) are provided by staff of AFM based in Dauphin and Swan River. Visiting services are also provided by the AFM to Roblin, Grandview, Winnipegosis and Ste. Rose and on a request basis throughout the Region;

- Residential and non-residential treatment services are provided by the AFM at Willard Monson House in Ste. Rose by referral to other residential centres in Brandon, Winnipeg or Thompson or through individual or group programs offered by AFM community program staff;

Challenges and Responses:

- Collaborate with AFM in ensuring appropriate services for persons with concurrent mental health and addiction problems; and,
- Review the detoxification program to determine best practices and develop regional guidelines including educational initiatives.

palliative care services

These services provide skilled, compassionate, interdisciplinary professional and volunteer care for people whose disease does not respond to curative treatment. The goal is the best quality of life for individuals and their families. Service must be flexible and integrated and may be provided at home, in residential care facilities or hospitals.

Palliative Care strives to meet, through patient directed supportive interventions, the physical, social and spiritual needs of patients and families with sensitivity to personal, cultural and religious beliefs and practices.

Highlights of 2001/02 Initiatives:

- In partnership with Hospice and Palliative Care Manitoba facilitated the "Friend in Hand" eight week volunteer training program in four Parkland communities to a total of 59 participants.
- The Parkland Regional Health Authority was honoured to host a public forum in Dauphin on Palliative (end of life) Care with the Honourable Senator Sharon Carstairs.
- Presented a workshop on Psychosocial and Communication Issues in Palliative Care with 106 regional caregivers in attendance.

Palliative Care strives to meet, through patient directed supportive interventions, the physical, social and spiritual needs of patients and families, with sensitivity to personal, cultural and religious beliefs and practices.

Medal of honour- Manitoba Senator Sharon Carstairs presents Simone Worrall of Ste. Rose with a medal of merit for her dedicated volunteer work in the field of Palliative Care.

Challenges and Responses:

- Continue to work with other Regional Health Authorities and Manitoba Health in development of program standards and resources; and,
- Continue to provide educational resources, workshops, training, and support for staff and volunteers providing palliative care.

McCreary Friends in Hand – This group of participants took part in the Palliative Care Volunteer Training Sessions in late March 2002.

Gilbert Plains Workshop - Eleven health workers at the Gilbert Plains Health Centre were awarded certificates after completing in-service workshops for Palliative Care

medical services

Family physician medical services are available throughout the Parkland. This requires continual and repeated recruitment. Physicians are located in the communities of Dauphin, Grandview, Roblin, Swan River, Winnipegosis, Ste. Rose and McCreary.

Resident specialist medical services in general surgery, obstetrics/gynecology, psychiatry and internal medicine are available in Dauphin. The Parkland Regional Health Authority and the University of Manitoba continue to support the Parkland Family Medicine Residency Unit in conjunction with physicians in Dauphin and Ste. Rose.

Highlights:

- The Parkland Regional Health Authority was able to recruit a second psychiatrist for the Parkland.

Challenges and Responses:

- Every effort is being made to recruit a resident radiologist and second internist for the Parkland Region;
- Recruitment must continue to ensure medical personnel are available in all sites in such numbers as to enable continuing emergency room coverage;
- Ensure surgical and obstetrical services are available to all residents of the Parkland;

- Continue to support the Family Practice Residency Program as well as encourage recruitment for further family practice residents;
- Encourage and support the Telehealth Linkage Program by education and publicity to the various professions and the public; and,
- Facilitate and support physicians in becoming involved with continuing medical education programs.

2001-2002 Residents – These six Physicians participated in the Parkland Family Medicine Residency Unit during the first year. From left, Mike Boszko, Jason Scott, Wanda Klippenstein, Tina Lacerte, Shawn Gauthier, and Fred Fjeldsted.

capital plan development

Highlights of 2001-2002:

- Mould remediation and restoration at the Dauphin Regional Health Centre was completed;
- Safety and Security projects completed include resident wander alert and security measures at St. Paul's Home and upgrade to the sprinkler system at Dauphin Regional Health Centre;
- Completed the schematic design and have entered into the design development stage of the new permanent Health Facility in Swan River;
- Mould remediation and restoration at the Swan Valley PCH and Benito Health Centre were started and are expected to be completed in 2002-03; and,
- Functional program for new Community Health Building in Dauphin complete but not yet approved.

Challenges and Responses:

- Completion of the mould remediation and restoration in the Swan Valley PCH and Benito Health Centre;
- Completion of ambulance garage in Dauphin; laundry renovation at Grandview Personal Care Home; upgrade to sprinkler system at Winnipegosis and District Health Centre;
- Continue to the next phases in the development of the new Health Facility in Swan River and the Community Health Building in Dauphin; and,
- Commencement of the mould remediation and restoration project at the Swan Valley Lodge.

Public Sector Compensation Disclosure Act

The Public Sector Compensation Disclosure Act required that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly:

- all overtime payments, retirement or severance payments, lump sum payments and vacation pay-outs;
- the value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- long term incentive plan earnings and payouts;
- the value of the benefit derived from vehicles or allowances with respect to vehicles;
- the value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- payments for memberships in recreational clubs or organizations; and
  the value of any other payment or benefit that may be prescribed in the regulations.

section 4

audited financial statements

section 5

appendix a

accreditation

First ever Regional accreditation award in 2001-2002.

As a result of the efforts and commitment of the Board, staff and volunteers, the PRHA has been awarded a "Three Year Accreditation with Report" from the Canadian Council on Health Services Accreditation (CCHSA).

The 2001-2002 year saw the Parkland Region's first-ever Regional Accreditation Survey. As a result of the efforts and commitment of the Board, staff and volunteers, the PRHA has been awarded a "Three Year Accreditation with Report" from the Canadian Council on Health Services Accreditation (CCHSA). "With report" refers to specific areas that could use some improvement prior to the next survey.

Accreditation is a detailed comparison of an organization's services and methods of operation against a set of national standards. The process assists health service organizations to identify their strengths and weaknesses, and better understand the objectives and intricacies of their organization. With this knowledge, short and long-term plans can be developed to most effectively use budgeted dollars to meet targeted needs.

Accreditation surveyors met with a total of 20 teams, staff, community and client representatives in November 2001. CEO André Rémillard says staff, volunteers and Board members who participated in the accreditation process deserve all the credit.

There are four areas the PRHA must report back to CCHSA by December 31, 2003. They include:

- Implementation of the regional quality monitoring network;
- Development of a regional ethics framework and policy;
- Development of policy and processes for participating in research;
- Development of a regional process for addressing complaints.

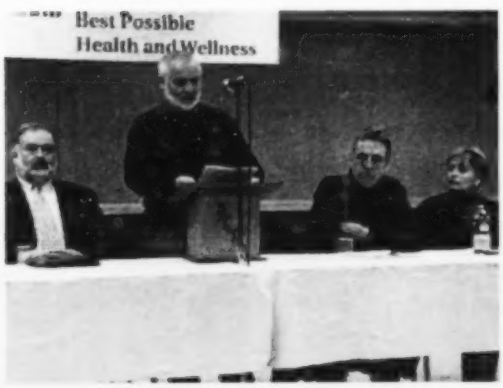
The Accreditation process is a very important part of health service delivery in the region. It required extensive preparation and involvement of board, staff and volunteers over the past two years; it involved commitment to developing a continuous quality improvement philosophy; it involved putting our patients and clients first and foremost. Helping arrange the groundwork for this visit, the 14 Regional Teams completed self-assessments and prepared quality improvement plans.

The 14 Regional teams will now begin moving on to making appropriate improvements. In some cases special project teams may be developed to act on the identified improvement.

Opportunities for improvement that require new resources will be reviewed by the PRHA Steering Committee and integrated into our regional planning process.

Quality improvement is a never-ending journey. The accreditation process was our first step. As we move forward we will be looking for other tools to use to help us continually improve the services that we deliver to the residents of the Parkland Region.

To the staff, volunteers and Board Members that took part in all of the preparatory work for this very important process, we extend our heartfelt thanks.



Accreditation Debriefing – PRHA Board Chair, Merv Toderian addresses the Canadian Council on Health Services Accreditation Surveyors at a verbal debriefing in November 2001.

appendix b

telehealth

The Parkland Regional Health Authority officially came on-line with the innovative Telehealth Network in Manitoba during the 2001-2002 year.

Official openings of the Parkland's two sites in Swan River and Dauphin took place on March 22, 2002. They are among 23 designated sites in Manitoba.

Parkland Regional Health Authority CEO, André Rémillard says, "it is exciting to be a part of the cutting edge technology that allows for improved health services in rural Manitoba."

"There is great potential with the concept of *e-medicine* and *e-learning*, and we believe this is just a start of the great opportunities that the Telehealth Network presents to our Region. It will mean doctors and patients in the Parkland area can gain faster access to clinical specialists in Winnipeg and eventually Brandon," Rémillard stated.

The Telehealth network will remove some of the barriers to care for the 30 per cent of Manitobans who must travel to Winnipeg or Brandon to access specialist health care. In short, it will provide more timely care and greater collaboration between health care professionals.

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-André Rémillard

When the Telehealth Needs Assessment was undertaken, several areas were identified where the program would improve health service delivery and help to enhance education and administrative initiatives.

- **Consultation-** The Network will allow for specialist consults in areas of expertise like cardiology, neurology, pediatrics, oncology and ICU support. Other important areas include Mental Health, orthopedics, dermatology and pre and post- operative assessment. The Network will improve follow- up and continuity of care as patients move from one facility to the other.

- **Education-** We have an active continuing medical education program in the Parkland and this will allow for more opportunities. Key areas of patient education will also be of use to the Parkland Region. One example is Diabetes care and support.

- **Administration-** Time and space permitting, the Link can also be used by RHAs to hook up to other important provincial meetings, in an attempt to cut down travel time and costs. One example, which may be utilized

within the Region in the near future, is a videoconference for an Advisory Council meeting.

- **Radiolology Services**- The Telehealth Network will be able to provide additional support for radiology interpretations. This will improve ability to transfer x-rays quickly and efficiently.

We acknowledge the local facility foundations that played a key role in ensuring the projects proceeded. The Dauphin General Hospital Foundation and the Swan Valley Health Facilities Incorporated each have pledged $ 30-thousand over the next two years. The contributions are one-time equipment costs for participation in the program.

Other equipment, staffing, transmission costs, training, promotion and other necessities are provided through federal/ provincial grants.

The PRHA thanks the Winnipeg Regional Health Authority for leading such an important initiative. We also express gratitude to the people who made up the local site development committee. In Swan River they included Tim Greig, Wayne Pierrepont and Pat Yaskiw.

In Dauphin, the local site development committee consisted of Tami Chapin, Georgina Lendvoy and Dr. Scott Kish.

The local Telehealth site coordinators in the Parkland are Cindy Bettesworth in Swan River and Jackie Jones in Dauphin.

For more information go to www.mbtelehealth.ca

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Parkland Telehealth site coordinators:

Cindy Bettesworth - Swan River

Jackie Jones - Dauphin.

appendix c

advisory councils

The Parkland Regional Health Authority relies on four Advisory Councils as a means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The Board depends heavily on health providers and community members to provide sound advice, and most importantly, to recommend practical community solutions. The role of Advisory Councils is to understand the issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

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provider advisory council

The Provider Advisory Council is a communication vehicle for the Board when evaluating plans for the health system. The PRHA relies on health service providers to present sound advice and most importantly, recommend practical solutions. This applies to the Board's Ends policies, the Board's Executive Limitations policies and health planning.

Members are:

-Terry Maxwell, Chair
-Lillian Stobbe
-Arlene Shoemaker
-Bonnie Chartrand
-Rob McIntyre
-Pat Tichon

regional mental health advisory council

The Regional Mental Health Advisory Council *(RMHAC)* acts in an advisory capacity to the Board and encourages citizens to participate in the development of comprehensive and cost-effective mental health services. RMHAC develops recommendations for the setting of mental health priorities and resource coordination in the Region.

Members are:

-Gerald Shewchuk, Chair
-Ella Wynn
-Giselle Routhier
-Lynda Mann
-Sylvia Reid
-Karen Muller
-Bridgette Therrien
-Ben Kardoes
-Joan Gryba
-Eleanor Snitka

district health advisory councils

The PRHA has two District Health Advisory Councils. The Eastern District Health Advisory Council *(EDHAC)* has representation from communities and the surrounding areas of Ethelbert, Winnipegosis, Ste. Rose, McCreary, Gilbert Plains and Dauphin.

The Western District Health Advisory Council *(WDHAC)* has representation from communities and surrounding areas of Swan River, Benito, Roblin and Grandview.

These two Councils meet four times a year, and as specific projects or issues arise. They are focal points for community participation and an important vehicle for two-way communication.

eastern advisory council

Esther Fyk, Chair-	Ethelbert
Marlene Bouchard-	Ste. Rose
Diane Hrychuk-	Fork River
José Randell-	Gilbert Plains
Gloria Kostelnyk-	Winnipegosis
Robin Searle-	Dauphin
Jannett Terrick-	McCreary
Ollie Yaremchuk-	Dauphin
Joan Luke-	Ste. Rose

western advisory council

Diane Hamiwka, Chair-	Swan River
Lorene Ward-	Roblin
Marilyn Simpson-	Roblin
Rob McIntyre-	Roblin
Alf Dressler-	Grandview
Rhonda Storey-	Grandview
Carla Shoemaker-	Grandview

spiritual advisory cou

The Spiritual Advisory Council *(SAC)* aims at integrating spirituality into the health care system. This is done through the development of consistent standards, recommending educational options and by seeking to maintain a highly professional level of spiritual care in institutions. The Council develops recommendations for the setting of spiritual care priorities and resource coordination within the Region.

-Monsignor Michael Buyachok, Chair
-Sister Veronica Bartkiw
-Reverend Margaret McCallum
-Kathy McPhail
-Pastor Allen Unger
-Reverend David Johnston
-Elvier Brunel
-Sister Jean Zemliak
-Angele Delaurier
-Olive Seale
-Simone Worral